



STATE OF MISSOURI  
DIVISION OF PROFESSIONAL REGISTRATION  
**APPLICATION FOR LICENSURE -  
PRIVATE FIRE INVESTIGATOR**

**MUST BE TYPED OR  
PRINTED LEGIBLY**

**STATE BOARD OF PRIVATE INVESTIGATOR AND  
PRIVATE FIRE INVESTIGATOR EXAMINERS**

LICENSE NO	APPROVAL DATE
FEE AMOUNT	DEPOSIT DATE

**INSTRUCTIONS**

- Provide complete information. Incomplete information will delay the processing and review of your application.
- Sign and notarize the application.
- Enclose the appropriate fee(s). All fees are nonrefundable and must be made payable to the Board of Private Investigator and Private Fire Investigator Examiners.

Return to:  
Board of Private Investigator and  
Private Fire Investigator Examiners  
PO Box 1335  
Jefferson City MO 65102-1335  
(573) 522-7744 TTY (800) 735-2966  
e-mail: pi@pr.mo.gov

**SECTION 1 - PRIVATE FIRE INVESTIGATOR APPLICANT INFORMATION**

HAVE YOU PREVIOUSLY HELD A MISSOURI PRIVATE FIRE INVESTIGATOR LICENSE, PRIVATE FIRE INVESTIGATOR AGENCY LICENSE OR PRIVATE FIRE INVESTIGATOR AGENCY EMPLOYEE LICENSE?

☐ Yes ☐ No If yes, please attach explanation.

FULL NAME (LAST, FIRST, MIDDLE)

LIST ALL OTHER NAMES USED (INCLUDE MAIDEN, PREVIOUS MARRIED SURNAME/S OR AKA/S)

NAME APPLICANT INTENDS TO CONDUCT BUSINESS AS (THIS NAME WILL APPEAR ON YOUR LICENSE)

HEIGHT	WEIGHT	HAIR COLOR	EYES	GENDER (VOLUNTARY)	RACE (VOLUNTARY)
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BUSINESS MAILING ADDRESS (STREET/PO BOX, CITY, STATE, ZIP CODE) THIS IS CONSIDERED YOUR OFFICIAL ADDRESS.

BUSINESS PHYSICAL ADDRESS (STREET, CITY, STATE, ZIP CODE) - IF DIFFERENT THAN ABOVE

HOME PHYSICAL ADDRESS (STREET, CITY, STATE, ZIP CODE)

DATE OF BIRTH*	SOCIAL SECURITY NUMBER**	TELEPHONE NUMBER - OFFICE	TELEPHONE NUMBER - HOME
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TELEPHONE NUMBER - CELL PHONE	EMAIL ADDRESS (PLEASE PRINT)
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ARE YOU A UNITED STATES CITIZEN?

☐ Yes ☐ No (If no, please provide documentation establishing your legal alien status)

**SECTION 2 - EXPERIENCE**

NAME OF EMPLOYER	ADDRESS (STREET, CITY, STATE, ZIP CODE)	SUPERVISOR NAME	DATES OF EMPLOYMENT

**SECTION 3 - OTHER STATE LICENSURE**

ARE YOU LICENSED IN ANY OTHER STATES?

☐ Yes ☐ No (If yes, please complete below. If you are licensed in more than three (3) states, please provide additional information on separate sheet of paper.)

STATE	LICENSE/CERTIFICATE NUMBER	DATE OF ISSUANCE	CURRENT STATUS
			<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Other
			<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Other
			<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Other

**\*Must be at least 21 years of age to qualify for licensure.**

**\*\*See the Social Security Number Disclosure Notice. This form must be completed and returned with this application.**

**SECTION 4 - NOTE: IF YOU ANSWER YES TO ANY OF THE QUESTIONS, ATTACH YOUR FULL EXPLANATION.**

<input type="checkbox"/> YES <input type="checkbox"/> NO	1. Have you ever held or do you now hold any professional license issued by this state, or any other state or country? If yes, list jurisdiction name, license number, profession and whether active or inactive status.
<input type="checkbox"/> YES <input type="checkbox"/> NO	2. Have you ever had an application for any professional license denied, refused, or disciplined in this state or any other state or country?
<input type="checkbox"/> YES <input type="checkbox"/> NO	3. Have you ever been convicted or entered a plea of guilty or nolo contendere to a felony offense, regardless of the disposition and including the receiving of a suspended imposition of sentence?
<input type="checkbox"/> YES <input type="checkbox"/> NO	4. Have you ever been convicted or entered a plea of guilty or nolo contendere to a misdemeanor offense involving moral turpitude, including the receiving of a suspended imposition of sentence following a plea of guilty to a misdemeanor offense?
<input type="checkbox"/> YES <input type="checkbox"/> NO	5. Have you ever falsified or willfully misrepresented information in an employment application, records of evidence, or in testimony under oath?
<input type="checkbox"/> YES <input type="checkbox"/> NO	6. Have you ever been addicted to or dependent upon any illegal or prescription drugs or controlled substances, or an alcoholic beverage?
<input type="checkbox"/> YES <input type="checkbox"/> NO	7. Have you ever used, possessed or trafficked in any illegal substance?

Pursuant to Section 324.010 RSMo:

☐ **CHECK THIS BOX ONLY IF IN ALL OF THE LAST THREE (3) YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.**

***False statements are subject to criminal penalties and/or license discipline.***

**If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200  
or e-mail [income@dor.mo.gov](mailto:income@dor.mo.gov).**


**SECTION 5 - AFFIDAVIT OF APPLICANT**

I, the below named applicant, being duly sworn, hereby affirm under penalties of perjury that I am the applicant referred to in the preceding application for a license as a private fire investigator in the state of Missouri, and that all statements and enclosures are true and accurate to the best of my knowledge, information and belief.

I submit for consideration this application for licensure as required by Missouri law governing the practice of private fire investigating and subject to the rules and regulations of the Missouri Board of Private Investigator and Private Fire Investigator Examiners. I subscribe and agree to abide by all applicable laws and rules regarding the practice of private fire investigating (to include the Code of Professional Ethics). I hereby certify that I have familiarized myself with sections 324.1100-324.1148 RSMo, known as the (Private Investigator Act) and applicable rules promulgated by the Missouri Board of Private Investigator and Private Fire Investigator Examiners.

I understand the application fee is not refundable and that the Board may require further information or evidence that it deems reasonable and proper in approving this application for licensure as a private fire investigator.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications.

<b>MUST BE SIGNED IN PRESENCE OF NOTARY</b>	APPLICANT'S SIGNATURE	
		
	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF YEAR	
	USE RUBBER STAMP IN CLEAR AREA BELOW.	
NOTARY PUBLIC EMBOSSE OR BLACK INK RUBBER STAMP SEAL	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	